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**\*BIBDATASHEET\***

CONFIRMATION NO. 8500

Bib Data Sheet

SERIAL NUMBER 10/732,969	FILING DATE 12/11/2003  RULE	CLASS 523	GROUP ART UNIT 1714	ATTORNEY DOCKET NO. KON-112-CIP2
APPLICANTS  Gordon B. Blackwell, Konstanz, GERMANY;  Karin Utz, Konstanz, GERMANY;				
** CONTINUING DATA *****  This application is a CIP of 09/978,741 10/16/2001 ABN which is a CIP of 09/540,389 03/31/2000 PAT 6,306,927 which claims benefit of 60/128,734 04/12/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/16/2004				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 6  INDEPENDENT CLAIMS 2
ADDRESS Douglas J. Hura, Esquire DENTSPLY International Inc. 570 West College Avenue York, PA 17405-0872				
TITLE DENTAL COMPOSITE RESTORATIVE MATERIAL AND METHOD OF RESTORING A TOOTH				
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of	

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☐ Other \_\_\_\_\_

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Karin Utz, Konstanz, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/978,741 10/16/2001 ABN *PS*  
 which is a CIP of ~~09/632,665 08/03/2000 ABN~~ *09/540,339 3/3/2000 now U.S. 6,306,927*  
 which claims the benefit of *60/128,734 04/12/1999*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

## ADDRESS

Douglas J. Hura, Esquire  
 DENTSPLY International Inc.  
 570 West College Avenue  
 York, PA  
 17405-0872

## TITLE

Dental composite restorative material and method of restoring a tooth

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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